Arizona Department of Education School Nutrition Programs Application Food Distribution Program Delivery Information 2008 - 2009

Instructions: Complete this form to receive commodities. If sponsor has more than four delivery locations, duplicate this form prior to completing and continue delivery locations on the second form. **Reminder**: The delivery times for commodities are between **6:00 a.m. and 2:30 p.m.** You must have staff available during this time to accept deliveries.

1. Sponsoring Organization:	CTD#:
2. Commodity Contact	3. Commodity Billing Contact:
Name:	Address: St: Zip: Phone: () ext Fax: ()
4. Daily Student Participation Estimate - Complete if	new sponsor only:
5. Delivery Locations:	
Site Name: Contact:	
Street Address_	Fax: () E-mail:
	St: Zip: County:
Delivery Option - Select one: Prep-site ☐ Warehou	se* Pick-up at Distributor**
Site Name:	
Contact:	Phone: () Ext.
Street Address_	Fax: ()
	E-mail:
	St: Zip: County:
Delivery Option - Select one: Prep-site ☐ Warehou	se* Pick-up at Distributor**
Site Name:	
Contact:	Phone: () Ext.
Street Address	
City:	
Delivery Option - Select one: Prep-site ☐ Warehou	·
Site Name:	
Contact:	Phone: () Ext.
Street Address_	Fax: ()

City:		St: _	Zip:	County:
Delivery Option - Select one:	Prep-site	Warehouse*	Pick-up at Distributor**	

^{*} Must have a minimum of 100 cases per order and exchangeable pallets.

^{**} Requires 100 case minimum per order, exchangeable pallets, fork-lift and refrigerated truck.